| OTAL CLAIMS OR NUMBER FILED NUMBER EXTRA DEPENDENT CLAIMS OLITIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total Total Minus AFTER AMENDMENT TOTAL | ATE SIC FEE \$ 9= 42= TAL MALL EI | FEE 375.00 | OR OR OR OR | RATE BASIC FEE X\$18= X84= +280= TOTAL OTHER SMALL RATE X\$18= | FEE 750.00 |
|--|---|-------------------------|----------------------|---|---|
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| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <= | | OR | X84= | |
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| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. | OTAL | | OR | TOTAL | |